



State Of California
California Commission On Teacher Credentialing
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Sacramento, CA 94244-2700

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EMERGENCY CAREER SUBSTITUTE TEACHING PERMIT Verification of Requirements

☐ Initial Permit

☐ Renewal

Name of Applicant: _____
Last First Middle

Social Security Number: _____

The applicant, if granted the Emergency Career Substitute Teaching Permit, will be employed in the following school district and/or county named.

Name of District: _____ CDS code: _____

Name of County: _____ CDS code: _____

- If the county office of education is responsible for the assignment of the day-to-day substitutes for all their school districts, only the name and code for the county is required.

Verification of Experience (Initial Permit only)

The applicant has three years of at least 90 days per year of day-to-day substitute teaching service

from _____ to _____ in _____
School District County

Staff Development Activities (Initial Permit and Renewal)

- ☐ Staff development activities offered to the regular teaching staff will be made available to the applicant (Required for initial permit)
- ☐ Staff development activities were made available to the permit holder (Required for renewal)

Statement of Endorsement (Initial Permit and Renewal)

I hereby certify that the applicant has served successfully in the district or county named above, that the applicant may be employed to substitute teach for up to 60 days for one teacher during the valid period of this permit, and that all the information contained in this statement is true and correct.

District Superintendent: _____
Name (print or type) Signature Date

County Superintendent: _____
Name (print or type) Signature Date

- The County Superintendent signature is required only if the county office of education is responsible for the assignment of day-to-day substitutes for all their school districts.